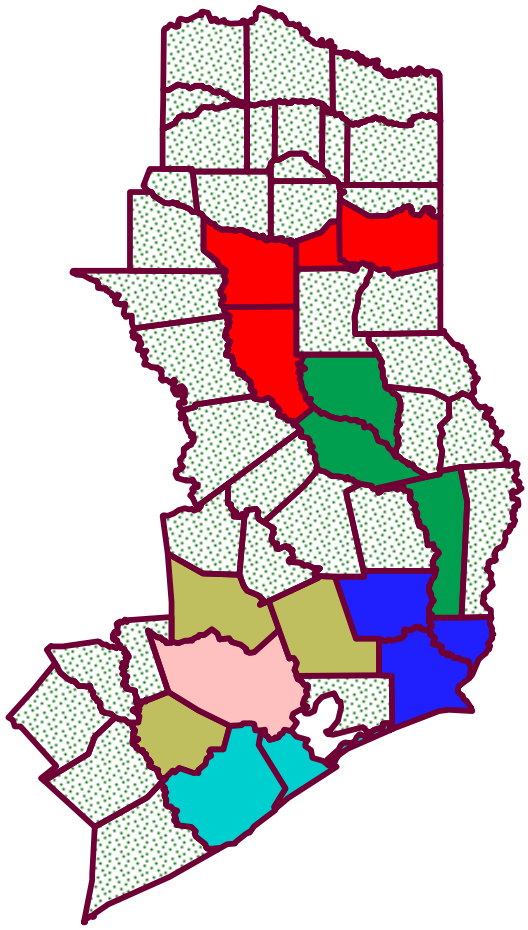
East Texas Region

HIV Epidemic Profile



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East Texas HIV Epidemic Profile

Your planning region:

High Morbidity Analysis Zones (HMAZ)[1] included in the Profile:

HMAZ Name	Counties	Total Population
Galveston	Brazoria and Galveston	460,360
Golden Triangle	Hardin, Jefferson, and Orange	359,681
Harris	Harris	3,320,437
Metro	Fort Bend, Liberty, and Montgomery	634,666
North Pine Woods	Cherokee, Gregg, Harrison, and Smith	386,163
South Pine Woods	Angelina, Jasper, and Nacogdoches	163,475

Low Morbidity Analysis Zone (LMAZ) included in the Profile

LMAZ Name	Counties	Total Population
Rural East Texas	Anderson, Austin, Bowie, Camp, Cass, Chambers, Colorado, Delta, Franklin, Henderson, Hopkins, Houston, Lamar, Marion, Matagorda, Morris, Newton, Panola, Polk, Rains, Red River, Rusk, Sabine, San Augustine, San Jacinto, Shelby, Titus, Trinity, Tyler, Upshur, Van Zandt, Walker, Waller, Wharton, and Wood	980,166

Morbidity Rankings for East Texas Planning Area

For each HMAZ and the LMAZ in your planning area, we estimated the case rates for each of the subpopulations seen below in Table 1 for each of the following "morbidity" indicators:

- AIDS cases reported in 1998,
- number of living AIDS cases as of October 19, 1999,
- HIV cases reported in 1999,
- CTS positives reported in 1998
- STD cases (gonorrhea, chlamydia, and primary and secondary syphilis) reported in 1998

These rates were then translated into scores: the higher the rate, the higher the morbidity score. The morbidity scores were then added together to make up a "Total Morbidity" score. (See Appendix 1 for details on how the scores were calculated). These morbidity scores are shown in Table 1 below.

[1] Population values from EpiGram (Texas A&M) for 2000

Table 1 : Morbidity Scores for East Texas Planning Area

BDTP	Race/Ethnicity	Harris Total Morbidity	Galveston Total Morbidity	Golden Triangle Total Morbidity	Metro Total Morbidity	S. Pine Woods Total Morbidity	N. Pine Woods Total Morbidity	Rural E. Texas Total Morbidity
F/MS women	African American	63	37	44	20	29	40	35
M/MS	African American	61	40	37	20	40	44	29
F/MS men	African American	57	33	30	11	33	28	20
IDU women	African American	50	40	36	70	29	45	43
IDU men	African American	47	36	29	36	32	38	35
M/MS	white	35	23	21	17	14	23	16
M/MS	Hispanic	34	20	22	13	6	14	15
IDU men	Hispanic	32	24	5	19	22	20	17
F/MS women	Hispanic	30	18	7	14	22	17	14
IDU men	white	29	21	16	26	19	18	16
IDU women	Hispanic	27	9	19	8	13	12	10
IDU women	white	20	12	16	20	4	16	11
F/MS men	Hispanic	18	5	3	6	6	16	13
F/MS men	white	13	9	7	9	4	7	7
F/MS women	white	13	12	12	10	8	14	10

The populations are shown in descending order, highest score to lowest score, according to Harris County scores[2]. You may find it helpful to look at the separate morbidity tables for each HMAZ and LMAZ in Appendix 1.

Morbidity Summary For the Planning Area Overall

- With a few exceptions, rates and scores are much higher in Harris county than in the other HMAZ. Other HMAZ still show higher morbidity scores than in many other planning areas outside the Houston/Galveston/East Texas region.

- Across the HMAZs and across all risk groups, African Americans show the highest morbidity scores. In this group both the HIV-based morbidity sub scores and the STD sub score are high. We would consider African American M/MS, African American IDU (male and female), and African American F/MS to have evidence of HIV and STD which supports high prioritization of these groups for intervention across all areas of the jurisdiction. Rates in both the STD-related indicators and HIV-related indicators are consistently higher for African Americans, regardless of risk grouping, than for any other race/ethnicity.

- For the remaining Hispanic and white subpopulations, the task of seeing trends across the HMAZ becomes harder. So we focused on how the information above and in Appendix 1 generally guided us in clustering the subpopulations. We looked at morbidity scores with and without STD information and came to the general conclusions below.

[2] We chose Harris county to organize the table because of the high morbidity and large population in Harris county.

- Hispanic and white M/MS form the next "cluster" of subpopulations. With two exceptions, these two groups show very similar patterns of morbidity, with high rates of living AIDS cases and somewhat lower, but still remarkable rates of new AIDS cases and HIV infections. For most parts of the planning area, this cluster is the next highest on the morbidity indicators. The two exceptions are North Pine Woods and South Pine Woods. In these areas, there is still evidence of HIV/STD infection in these groups, but the relative morbidity rank of these populations is lower than some other subpopulations. (Differences in 'morbidity clusters' across HMAZ are discussed below.)

- In general, another pair of subpopulations that tends to have clustering/similarity in evidence of disease is white and Hispanic male IDU. These two groups show a similar pattern of rates across most HMAZ: high living AIDS cases, and moderate evidence of new infections (shown by HIV infections and CTS positives).[3]

- Another pair, with lower estimated burden of disease, is white and Hispanic female IDU. Again, similar rates and patterns of rates across the HMAZ

- Next, we would cluster white and Hispanic F/MS (men and women).

We have added detailed information that integrates epi and risk data (which is shown below) for each of these "clusters" in the "Descriptions of Risk Populations" – which is the next section of the profile.

Morbidity Summary for Each HMAZ

While these are overall trends for your planning area, there are some differences from HMAZ to HMAZ. In some areas, for example, it may make sense to have a special focus on males or females within certain risk groups. Because of the differences from HMAZ to HMAZ, we are offering our perspective on how the subpopulations in each HMAZ can be "grouped" on the epi data.

<u>Harris HMAZ</u>

- The highest morbidity scores were for all African American risk populations, regardless of sex. These scores represent very high rates of HIV-related and STD-related disease. In Harris County, there were 745.4 African American men living with AIDS for every 100,000 African American men and 263.8 African American women living with AIDS for every 100,000 African American women—rates which are about 2 times higher than the next highest rate for men in the area, and **7 times higher** than the next highest rate in women. In "epi speak", this community is bearing a great burden of disease.

- White and Hispanic M/MS form a second cluster.

[3] This pattern was not seen in the Pine Woods HMAZs. More details on this in the "mini profiles" on these two HMAZ.

- A third cluster is made up of female Hispanic F/MS, Hispanic IDU (male and female), and white male IDU. If needs assessments show that male Hispanic F/MS and white female IDU have similar prevention needs, the epi data could justify including these two groups with this cluster rather than the next cluster, described below.

- A fourth cluster is made up of Hispanic male F/MS, white female IDU, and whites with F/MS risks (male and female).

Galveston HMAZ

- The highest morbidity scores were for African American M/MS, and African American IDU (both male and female), followed closely by African American F/MS (both male and female). Both HIV and STD related rates were very high in African Americans overall in these counties. The male rate of living AIDS cases is 1.8 times higher than the rate among white men and 2.9 times higher than the rate for Hispanic men, and the rate for African American women is 4.4 time higher than the rate for white women, and 6.6 times higher than the rate for Hispanic women. Although the numbers of AIDS and HIV cases in each of the risk subpopulations of African Americans can look small in absolute number, the rates justify considering them the group that the epi data supports as being the highest priority for HIV prevention efforts.

- A second epi score cluster of subpopulations is Hispanic M/MS and male IDU and white M/MS and male IDU. (or to put it another way, white and Hispanic male M/MS and IDU). But please be aware that the Hispanic male IDU score is based in very large part in data on living AIDS cases with no HIV reports in 1999 or 1998 CTS positives shown for this group. This group could be left in the cluster where it is, or placed in the cluster below.

- The third cluster has Hispanic F/MS women. This group has equal STD and HIV morbidity scores—meaning that the groups named in the earlier clusters show higher HIV-related morbidity scores, but the high STD score for this subpopulation pushes its overall morbidity score up.

- A fourth cluster has white F/MS (male and female), Hispanic male F/MS, and Hispanic and white female IDU. These groups have the lowest morbidity scores for this area.

Golden Triangle HMAZ

In these three counties, there has been very few reports of HIV or STD among Hispanics, and the Hispanic population in this area is small. Both of these things can make rates unreliable. Because of this, it will be important for the CPG to use their needs assessment data to really determine whether Hispanics need to be targeted separately, or can prevention efforts be designed for Hispanics **and** white target populations in the different risk groups. This is especially true for Hispanic IDU. The

IDU estimates are based on small samples as well, so the rates for Hispanic IDU are extremely shaky.

- African Americans, regardless of sex or risk group, had the highest morbidity scores. The highest, however, were for African American F/MS women. The differences in rates of living AIDS cases between different race/ethnic groups are not as pronounced in this area as they are in Harris and Galveston county, but note that in the first year of HIV reporting by name, almost all the cases shown here were among African Americans.

- Next would come Hispanic and white M/MS. These two groups show similarity in rate – but the Hispanic M/MS population is much smaller than the white M/MS population.

- White IDU (male and female) make up the next cluster of morbidity scores. .

- A fourth cluster is made up of Hispanic IDU (male and female) and white and Hispanic F/MS (male and female). There may be some disagreement about the inclusion of Hispanic female IDU in this group, but the morbidity score is based solely on one AIDS case reported in 1998 with no HIV cases or 1998 CTS positives for this group.

Metro HMAZ

- There is an extremely high morbidity score for African American female IDUs. In this trio of counties, there are 15 women living with AIDS, and 11 are African American IDU women! The indicators showing newer infections are also especially high in this group. It may be a good use of time to take a closer look at what is going on with this group in these three counties.

- High morbidity scores were also seen for African American male IDU and white male IDU.

- With slightly lower morbidity scores, but still solid evidence of disease, are white female IDU, African American and white M/MS, and female African American F/MS.

- A fourth cluster is made up of African American male F/MS, white and Hispanic F/MS (male and female), Hispanic M/MS, and Hispanic IDU (male and female). This group shows the lowest morbidity scores for this area. There may be some argument about the inclusion of Hispanic male IDU in this group – the justification for this inclusion is a score for this group which is based solely on only living AIDS cases and STD rates, with no reports of recent AIDS cases, HIV infections, or 1998 CTS positives.

North Pine Woods HMAZ

- The first “morbidity” cluster is made up of African American IDU (male and female), African American M/MS, and African American F/MS (male and female). While the

African American male F/MS score is slightly lower, in light of the over all burden of disease in the African American community in these counties, it may make more sense from a prevention point of view to include this group in the top cluster. This cluster's morbidity indicators are clearly the highest in the HMAZ.

- A second distinct morbidity cluster in this HMAZ is white M/MS. This group has both reported cases of living AIDS and evidence of more recent infections -evidenced by HIV case reports and CTS positives.

- A third cluster is made up of white IDU (male and female), and white female F/MS groups.

- We considered Hispanic F/MS (male and female) and Hispanic M/MS to be a separate cluster because the scores were almost solely driven by living cases of AIDS with scant disease evidence which would point to "new" infections in these groups. This may be a by-product of the small size of the Hispanic population in these counties, but this clustering make the most "epi sense" to us.

- The fifth cluster in this HMAZ is made up of Hispanic IDU (male and female) and white male F/MS. There may be some disagreement about the inclusion of Hispanic male IDU in this group. But it should be recognized that the morbidity score for Hispanic male IDU is based on the 2 living cases of AIDS in Hispanic male IDU in this jurisdiction, and no more recent evidence of disease – no AIDS cases in this group in 1998, no HIV reported in this group in 1999, no 1998 CTS positives. There is no current evidence of any-HIV related disease in Hispanic female IDU in this jurisdiction.

Pine Woods South

This HMAZ presents some unique challenges. This HMAZ was built primarily on basis of evidence of STD: overall in males, there are 178 cases of gonorrhea, 68 cases of chlamydia, and 5 cases of P & S syphilis per 100,000 males living in these counties, and for every 100,000 females, there are 183 cases of gonorrhea, 424 cases of chlamydia, and 4 cases of syphilis. These rates are higher than STD rates seen for the Galveston HMAZ and the Metro HMAZ, but lower than the STD rates for the Harris HMAZ and Golden Triangle HMAZ. These rates are closest to those reported for the Pine Woods North HMAZ

Why does this create a challenge? Because there are some groups with only STD morbidity, and no evidence of HIV infection, no living or new AIDS cases, no CTS positives in 1998. So, as you look at the morbidity scores for this HMAZ, be aware that the following groups' scores are based only on STD data: Hispanic female IDU, Hispanic M/MS, Hispanic male F/MS, White female IDU.

- The first cluster is African American M/MS. Almost as many of the living cases of AIDS among M/MS are among African Americans as among whites in this HMAZ – but the white population in this area is larger. This makes the rate of living AIDS

cases among African American M/MS more than 3 times higher than the rate for white M/MS. There is also evidence of more recent infections in this group.

- The second cluster is white and African American male IDU, African American F/MS (male and female) and white M/MS. The HIV data are still very preliminary, but of the 6 total reports of HIV infection in males reported so far for 1999, African American heterosexuals account for 50% of them. Of the nine total reports of HIV infection, African American heterosexuals account for 4 of them. This may indicate a need for more assessment of prevention need in this population.

- A third cluster consists of African American female IDU, Hispanic male IDU and Hispanic female F/MS – high to moderate rates of living cases of AIDS, with no evidence of "newer" infections.

- A fourth cluster is made up of white F/MS (male and female). Lower rates of AIDS cases, no information about current infections.

- The final cluster is made up of **Hispanic female IDU, Hispanic M/MS, Hispanic male F/MS and white female IDU**. There is evidence of STD infection in all these groups, especially among Hispanics in this HMAZ, but as detailed above, there are no living cases of AIDS, 1998 AIDS cases, 1999 HIV infections, or 1998 CTS positives in these populations.

Risk Ranking for East Texas

The information in the table below comes from 1999 PCPE information.

The scores in the table below were based on information from clients in the different subpopulations that received PCPE services in 1999. The scores are based on the percent of clients in each of the subpopulations who reported the following risks:

- "Almost never" using barriers with anal, vaginal or oral sex
- History of STD
- Multiple sex and/or needle sharing partners
- Trading sex
- Substance use with sex
- Sharing needles
- Sex or needle sharing partner at risk for HIV
- Sex or needle sharing partner with multiple partners

The highest scores will be seen for the subpopulations where a large percentage of the clients reported multiple risks. Appendix 2 has detailed information about the risk scores for each subpopulation. The information does not include risks reported in counseling sessions conducted by contractors with the City of Houston Health and Human Services – in 1999, the City did not collect information on risk in the last year.

The risk scores are created in the same way as the morbidity scores– the percent of clients in a subpopulation reporting a certain risk were translated into scores on a scale of 0 – 10, then the scores for each risk behavior added together. The highest possible scores is 110.

The scores for each subpopulation in each HMAZ are shown in the table below.

Table 2 : Risk Behavior Scores for East Texas Planning Area

		Harris County		Metro		Galveston		Golden T		Pine W S		Pine W N		Rural	
BDTP	Race/Ethnicity	Risk Score	Rank	Risk Score	Rank	Risk Score	Rank	Risk Score	Rank	Risk Score	Rank	Risk Score	Rank	Risk Score	Rank
IDU women	Hispanic	61	1	0	12	0	15	38	6	0	12	0	13	56	3
IDU men	Hispanic	58	2	0	12	44	4	32	12	0	12	0	13	49	5
IDU women	white	56	3	31	7	66	1	46	1	62	1	66	1	68	1
IDU men	white	52	4	45	1	52	2	38	6	54	2	61	2	61	2
IDU men	African American	50	5	20	9	45	3	40	3	0	12	44	5	56	3
IDU women	African American	48	6	0	12	7	14	38	6	0	12	0	13	42	10
M/MS	African American	45	7	19	10	32	13	43	2	52	3	43	8	40	11
M/MS	Hispanic	43	8	0	12	33	12	40	3	10	11	54	3	26	14
M/MS	white	42	9	17	11	40	6	40	3	50	4	46	4	40	11
F/MS women	white	40	10	37	4	39	8	35	9	36	6	44	5	43	9
F/MS men	Hispanic	39	11	30	8	36	10	25	14	26	10	34	12	33	13
F/MS men	African American	38	12	45	1	40	6	31	13	32	7	44	5	44	8
F/MS women	African American	38	12	36	5	36	10	35	9	29	9	39	11	45	7
F/MS men	white	37	13	35	6	39	8	33	11	39	5	43	8	46	6
F/MS women	Hispanic	35	14	40	3	41	5	25	14	30	8	40	10	26	14

- In the Harris HMAZ, the highest risk profile was seen in IDU, followed by M/MS and F/MS.

- In the Metro HMAZ, there were several categories with very sparse information – it would be better to rely on needs assessment data to fill out distinctions about risk behavior, especially in light of the quirks of this HMAZ's epi profile above.

- In Galveston, the risk scores were distributed across the BDTPs. White IDU (male and female) made up the "top tier" of risk, followed by African American male IDU, Hispanic male IDU, white M/MS, and F/MS African American males.

- In the Golden Triangle, the highest risk scores belonged to female IDU (all race/ethnicities), M/MS (all race/ethnicities), and white male IDU.

- In the South Pine Woods, the highest risk scores belonged to white IDU (men and women), African American and white M/MS, and white male F/MS. But there are several shaded areas, which means needs assessments need to "fill in the blanks" to ensure risk profiles are understood.

- In the North Pine Woods, white IDU (male and female), white and Hispanic M/MS, white female F/MS, male African American IDU, and male African American heterosexuals show the highest risk scores. But there are gaps in our understanding of Hispanic IDU risks and risks for African American IDU females in this area.

- In the Rural East Texas LMAZ, the top risks were in IDU.

Differences in risk behaviors are explored in a more detailed fashion in the “Detailed Risk” section that follows.